| SUBJECT: Request for Certificate of Correction on Patent No.: 6.817,897 A response is requested with respect to the accompanying request for a certificate of correction. Please complete this form and return with file, within 7 days to: Palm location 7580, Certificates of Correction Branch = South Tower = 9A22 If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your denial or approval decision is needed below. Please see the Assignee. Your denial or approval decision is needed below. Certificates of Correction Branch Tel. No. 703-308-9390 x120 The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. All changes apply. Approved All changes do not apply. Approved State the reasons for denial below. | | | Paper No.: |
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| A response is requested with respect to the accompanying request for a certificate of correction. Please complete this form and return with file, within 7 days to: Palm location 7580, Certificates of Correction Branch = South Tower = 9A22 If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your dental or approval decision is needed below. Sp STAY Certificates of Correction Branch Tel. No. 703-308-9390 x12d The request for issuing the above-identified correction(s) is hereby: Vote your decision on the appropriate box. Approved All changes apply. Approved Specify below which changes do not apply. Denied State the reasons for denial below. Comments: | TO : PETI | TIONS 4700 (France | es Hicks) |
| Please complete this form and return with file, within 7 days to: Palm location 7580, Certificates of Correction Branch — South Tower — 9A22 If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your denial or approval decision is needed below. Sp STAY Certificates of Correction Branch Tel. No. 703-308-9390 2120 The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below. Comments: | SUBJECT | : Request for Certificate of Co | prrection on Patent No.: 6,817,897 |
| Palm location 7580, Certificates of Correction Branch — South Tower — 9A22 If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. MADRAS. If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. If response is for an IFW, return to employee (named below) and in the certificate of correction (COCIN)? No new matter should the below introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your denial or approval decision is needed below. Sp STocy Certificates of Correction Branch Tel. No. 703-308-9390 x120 The request for issuing the above-identified correction(s) is hereby: Vote your decision on the appropriate box. All changes apply. Approved All changes apply. Approved State the reasons for denial below. Comments: | A response is | requested with respect to th | ne accompanying request for a certificate of correction. |
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| MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your denial or approval decision is needed below. Sp STAY Certificates of Correction Branch Tel. No. 703-308-93390 x120 The request for issuing the above-identified correction(s) is hereby: Vote your decision on the appropriate box. Approved All changes apply. Approved In Part Specify below which changes do not apply. Denied State the reasons for denial below. Comments: | Palm locatio | n 7580, Certificates of C o | orrection Branch – South Tower – 9A22 |
| Deatent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please see the Assignee. Your denial or approval decision is needed below. Sp STAGE Certificates of Correction Branch Tel. No. 703-308-9390 x120 The request for issuing the above-identified correction(s) is hereby: Vote your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below. Comments: | lf response i MADRAS. | s for an IFW, return to en | nployee (named below) via PUBSCofC Team in |
| Thank You For Your Assistance Sp ST Certificates of Correction Branch Tel. No. 703-308-9390 x120 The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved | patent read a should the sco | s shown in the certificate of cope or meaning of the claims be cope | correction (COCIN)? No new matter should be introduced, nor changed. |
| Thank You For Your Assistance Certificates of Correction Branch Tel. No. 703-308-9390 x120 The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved in Part Specify below which changes do not apply. Denied State the reasons for denial below. Comments: | Please see the . | Assignee. Your denial or approv | |
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| | Note your decision | Approved | All changes apply. |
| SPE Art Unit | Note your decision | Approved in Part | All changes apply. Specify below which changes do not apply. |
| SPE Art Unit | Note your decision | Approved in Part Denied | All changes apply. Specify below which changes do not apply. |
| SPF Art Unit | Note your decision | Approved in Part Denied | All changes apply. Specify below which changes do not apply. |
| SPE Art Unit | Note your decision | Approved in Part Denied | All changes apply. Specify below which changes do not apply. |
| SPE Art Unit | Note your decision | Approved in Part Denied | All changes apply. Specify below which changes do not apply. |
| | Note your decision | Approved in Part Denied | All changes apply. Specify below which changes do not apply. |

SPE RESPONSE FOR CERTIFICATE OF CORRECTION